

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Not
Entered
or
Receipted

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
JUL 10 2017
Bayfield Co. Zoning Dept.

ENTERED
Sent Back

Permit #: 20-0001
Date: 1-7-2020
Amount Paid: 75. - 7-20-17
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: Jeffrey : Courtenay Stepanek	
Mailing Address: 3359 Westover Ln	
City/State/Zip: Eau Claire, WI 54701	
Telephone: 715 839.8176	
Address of Property: 43240 S Trail Inn Road	
City/State/Zip: Cable, WI 54821	
Cell Phone:	
Contractor: Dave Hartman	
Contractor Phone: 715-456-0356	
Plumber:	
Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	
Agent Phone:	
Agent Mailing Address (include City/State/Zip):	
Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement)
	Tax ID# (4-5 digits) 8741
	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 012-1043-08-000
NW 1/4, SW 1/4	Gov't Lot
	Lot(s)
	CSM
	Vol & Page 1097/239
	Lot(s) No.
	Block(s) No.
	Subdivision: 2015 R 56/357
Section 16, Township 43N, Range 07 W	Town of: Cable
	Lot Size
	Acres 7.58

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms in home now	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 85,700 Deck + 10,000 95,700	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> pillars				<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 42'	Width: 22'	Height: 30'
Proposed Construction: (deck)	Length: 58' 36"	Width: 36' 16"	Height: 30' (?)

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input checked="" type="checkbox"/>	Addition/Alteration (specify) Replace + slight diff footprint	(36 X 16)	576
	<input type="checkbox"/>	Accessory Building (specify)	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(X)	
	<input type="checkbox"/>	Special Use: (explain)	(X)	
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	Other: (explain)	(X)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Courtenay Stepanek
(If there are Multiple Owners listed on the Deed All Owners must sign or letters of authorization must accompany this application)

Date: July 7, 2017

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: _____

Address to send permit _____

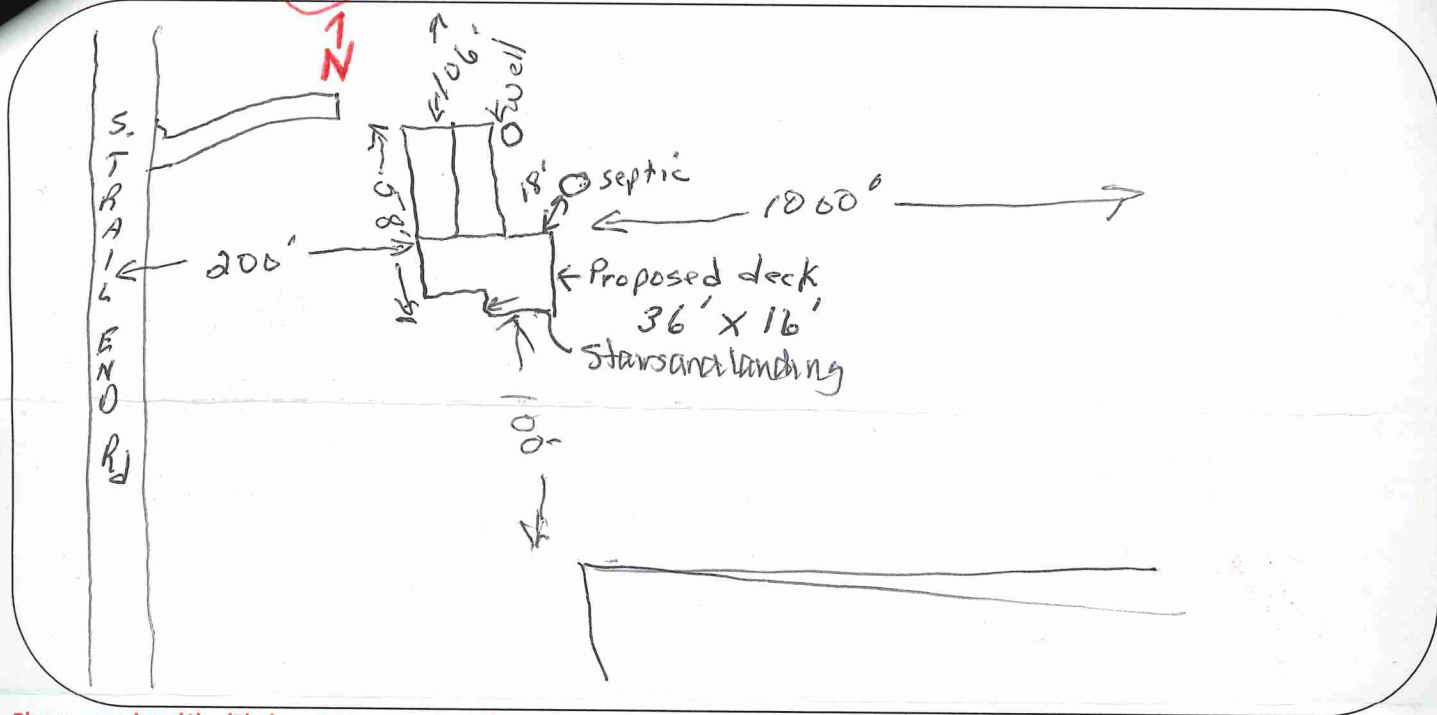
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

OK TO ISSUE FOR TRACT 1-7-2020 - 1-6-2020 ALREADY BUILT ATF WAIVED

Your Property (regardless of what you are applying for)

- Proposed Construction
North (N) on Plot Plan
(* Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(* Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(* Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	200' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	167' Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	106' Feet		
Setback from the South Lot Line	100' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	300' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1000 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	18' Feet	Setback to Well	43' Feet
Setback to Drain Field	24' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 20-0001		Permit Date: 1-7-2020		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:		Zoning District (R-1)		
Date of Inspection: 7/25/17		Lakes Classification ()		
Inspected by: [Signature]		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Condition: Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.				
Signature of Inspector: [Signature]		Date of Approval: 7/6/20		
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

Village, State or Federal
Also Be Required

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **20-0001** Issued To:

Par in

Location: **NW** $\frac{1}{4}$ of **SW** $\frac{1}{4}$ Section **16** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Addition / Alteration: [1- Story; Deck (16' x 36') = 576 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

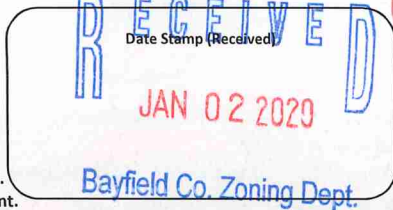
Authorized Issuing Official

January 7, 2020

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	20-0004
Date:	1-8-2020
Amount Paid:	\$175 12-27-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER							
Owner's Name: Donna Goret		Mailing Address: 16460 Stonewood Dr.		City/State/Zip: Hayward WI 54843		Telephone: 715-798-3790	
Address of Property: 42690 US Hwy 63		City/State/Zip: Cable WI 54821				Cell Phone: Same	
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 9639		Recorded Document: (Showing Ownership) 719 203	
SW 1/4, NE 1/4		Gov't Lot		Lot(s)		CSM	
		Vol & Page 719/203		CSM Doc #		Lot(s) No.	
Section 24		Township 43		N, Range 08 W		Block(s) No.	
		Town of: Cable				Subdivision:	
		Lot Size		Acreage 5.04			

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ N/A	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: COMU	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Vac Rent		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 30	Width: 28	Height: 12
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Special Use: (explain) SHORT TERM RENTAL	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): * Donna Goret
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 11-19-19

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

SEE ATTACHED SITE PLAN

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	400 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	320 Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	50 Feet	Setback from Wetland	N/A Feet
Setback from the South Lot Line	500 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the West Lot Line	150 Feet	Elevation of Floodplain	N/A Feet
Setback from the East Lot Line	375 Feet		
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	10 Feet
Setback to Drain Field	50 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

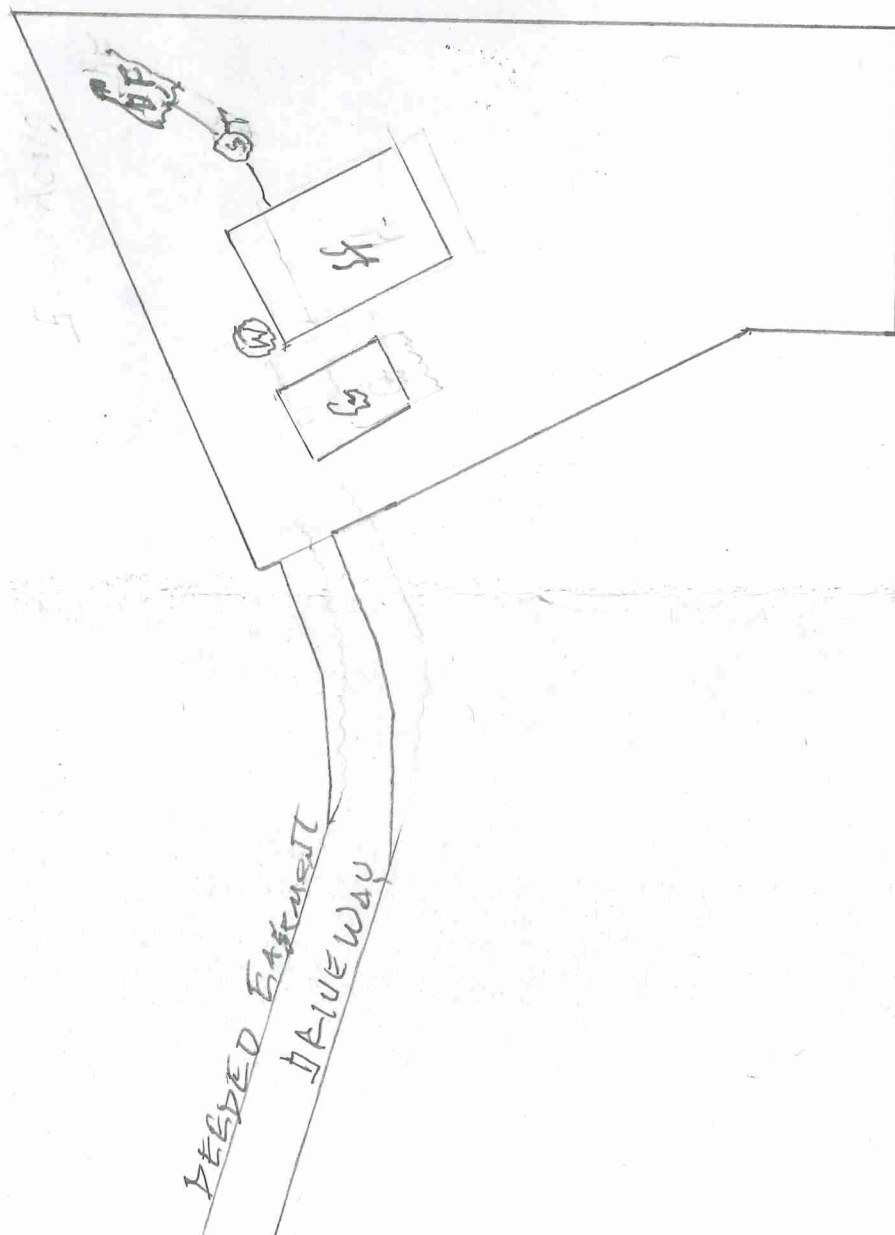
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: <u>98-298-227</u>	# of bedrooms: <u>2</u>	Sanitary Date: <u>7/15/98</u>
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>20-0004</u>		Permit Date: <u>1-8-2020</u>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District (<u>R-2</u>)		
		Lakes Classification (<u>-</u>)		
Date of Inspection: <u>1/7/20</u>	Inspected by: <u>AP</u>	Date of Re-Inspection:		
Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)				
Condition: Maximum occupancy limited to <u>2 Bedrooms</u> for sleeping areas based upon septic system design for the dwelling. Must contact Bayfield County Health Dept for licensing as required by State Statute and contact Town regarding room tax.				
Signature of Inspector:		Date of Approval:		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

5.03 Acres



own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **98-298227**
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **20-0004** Issued To: **Ralph & Donna Govert**

Par in
Location: **SW** $\frac{1}{4}$ of **NE** $\frac{1}{4}$ Section **24** Township **43** N. Range **8** W. Town of **Cable**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Other: [1- Story; 1 – Unit; Short-term Rental]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Maximum occupancy limited to 2 bedroom and/or sleeping areas based upon septic system design for the dwelling. Must contact Bayfield County Health Department for licensing as required by State Statute and contact Town regarding room tax.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

January 8, 2020

Date